DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 01-002

2. STATE: South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/01/01

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ -0-
b. FFY 2002 $ $3,695

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 3.1-A, Limitation Supplement
Pages 6d, 6e, 6f and 6g
ATTACHMENT 4.19-B, Page 6.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 3.1-A, Limitation Supplement
Pages 6d and 6e
ATTACHMENT 4.19-B, Page 6.2

10. SUBJECT OF AMENDMENT:
Implement the Residential Rehabilitation Service to eligible residents of licensed community residential care facilities that participate in the Optional State Supplementation Program.

GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
William A. Prince

14. TITLE:
Director

15. DATE SUBMITTED:
February 14, 2001

16. RETURN TO:
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 5, 2001

18. DATE APPROVED:
July 26, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Eugene A. Brasser

22. TITLE:
Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

B. RSPCE Plan of Care Requirement - The RSPCE medical plan of care must be designed to promote changes in behavior, improve health status, and develop healthier practices to restore and maintain the individual at the highest possible functioning level. The RSPCE must include the following components:

- assessment/evaluation of health status, individual's needs, knowledge level;
- identification of relevant health risk factors or health needs which justify the medical necessity for RSPCE;
- development/revision of a goal-oriented plan of care (in conjunction with the physician and individual) that addresses needs identified in the assessment/evaluation and which specifies the service(s) necessary to restore the patient to an optimal state of health;
- monitoring of health status, patient needs, skill level, and knowledge base/readiness; and
- counseling regarding identified risk factor(s) to achieve the goals in the medical plan of care.

C. Medical Necessity Criteria for RSPCE Rehabilitative Services - The RSPCE medical plan of care must include findings that rehabilitative services covered as RSPCE are required because of the individual's medical condition based on the following:

- failure to attain an optimal level of health within primary care delivery continuum; or
- entrance into the health care delivery continuum with an advanced degree of disease/condition as evidenced by a clinical evaluation and documentation in the medical plan of care; or
- a demonstrated pattern of non-compliance with the medical plan of care.

D. Special Conditions - In order to be covered as RSPCE, rehabilitative services must: (1) be included in the RSPCE medical plan of care; (2) be recommended by a physician or other licensed practitioner of the healing arts; (3) involve direct patient contact, and (4) be medically-oriented. RSPCE may include counseling services to build client and care giver self-sufficiency through structured, goal-oriented individual interventions. Group sessions that allow direct one-to-one interaction between the counselor and the individual recipient may also be used to provide some components of this service.

Qualifications of Providers - Providers of RSPCE are physicians, other licensed practitioners of the healing arts acting within the scope of their practice under State law, and unlicensed health professionals operating under the supervision of a licensed professional and furnishing services which are within the scope of practice of the licensed professional.

Integrated Personal Care Service: Personal care services provided to Medicaid eligible individuals who are identified through an initial medical assessment to have a minimum of two functional dependencies or one functional dependency and cognitive impairment. The services

provided will be based on the individual's needs and set forth in a care plan developed by licensed practitioner of the healing arts, within their scope of practice under South Carolina law. All requirements of 42 CFR 440.167 will be met.

Integrated personal care service will be available to eligible individuals who require an integrated set of services available on a 24-hour basis. Services are provided in a non-medical environment that promotes individuals to reach and maintain their peak functional level and delay the need for nursing facility care. The medical criteria will include the following elements:

- Inability to live alone due to an inadequate support system;
- In need of assistance to sustain maximum functional level; and
- A minimum of two functional dependencies or one functional dependency and one cognitive impairment.

Eligible providers must be able to provide the integrated set of personal care services on q 24-hour basis and maintain a standard license under South Carolina Department of Health and Environmental Control Regulation 61-84.

The integrated personal care service provider must directly provide the following services, which must be specified in the resident's care plan:

- Medical monitoring,
- Medication administration, and
- Provision of assistance with ADL's.

The unit of service will be one day of documented direct care. The services will be based on the individual needs of each resident based on the initial assessment and the on-going assessment and monitoring process. Reimbursement will be based on a rate determined from analyzing available comparable services and cost data.

14.b Skilled Nursing Facility Services for Individuals Age 65 or Older in Institutions for Mental Disease. (a) Must meet utilization control criteria for admission. (b) Must meet standards for certification of need.

Basic services and items furnished in an IMD facility that are included in the per diem rate and must not be charged to the patient include the following:

A. Nursing Services - Include all nursing services to meet the total needs of the resigned, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags,

crutches, glycerine, mouth swabs, water pitchers, bed pans, thermometers, and urinals.

B. Special Services - Including assistance by the facility social worker, participation in planned activities, physical therapy, speech therapy, occupational therapy and inhalation therapy.

C. Personal Services - Services for the comfort of the resident which include assistance with eating, dressing, toilet functions, baths, brushing teeth, washing and combing hair, shaving and other services necessary to maintain a clean, well kept personal appearance. Includes assistance with walking and wheelchair use when necessary. Diapers and under pads are provided as needed.

D. Room and Board - Includes a semi-private or ward accommodations, all meals including special diets and snacks ordered by the physician. Includes feeding residents if unable to feed themselves and tube feedings. Housekeeping services and bed and bath linens are included.

E. Safety and Treatment Equipment - Including, but not limited to the following items: standard wheelchairs, infusion equipment, bedside commode, side rails, restraint chairs (Geri-chairs), suction apparatus, walkers, crutches, canes and other equipment that is generally used by multiple residents and does not become the property of the individual resident.

F. Medications - Over-the-counter (OTC) non-legend medications are included (except for insulin). The resident may receive up to three prescriptions per month which are covered by Medicaid. If the drugs are obtained from a pharmacy which participates in the Alternate Reimbursement Methodology Plan, the resident is not required to pay for prescription drugs that meet the program guidelines even if the number of prescriptions is greater than three.

G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes, and other supplies ordered by a physician or necessary to meet the needs of the resident because of the resident's medical condition.

Integrated Personal Care Service - The rate will be calculated utilizing cost report data generated by comparable providers and the data generated by the integrated personal care service providers in their annual cost reports. This per diem reimbursement does not cover room and board services provided to Medicaid recipients. The per diem rate will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304.

17. Nurse Midwife Services:

Self-employed - Reimbursement is calculated at 80% of the current physician allowable amount for the delivery and 100% of the current physician allowable amount.

Employed - Reimbursement is calculated at 100% of the current physician allowable amount.

18. Hospice Services:

With the exception of payment for physicians services reimbursement for hospice services is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The rate is no lower than the rates used under Part A of Title XVIII Medicare, adjusted to disregard cost offsets attributable to Medicare coinsurance, using the same methodology used under Part A. The four rates are prospective rates. There are no retroactive adjustments other than the limitation on payments for inpatient care. The rate paid for any particular day varies depending on the level of care furnished to the individual.

The four reimbursement rates are applicable to the type and intensity of the services (level of care) furnished to the individual for that day. The four levels of care into which each day of care is classified are:

- Routine Home Care
- Continuous Home Care
- Inpatient Respite Care
- General Inpatient Care

For continuous home care, the amount of payment is determined based on the number of hours of care furnished to the patient on that day.

Limitations on Inpatient Care

Payments to a hospice for inpatient care must be limited according to the number of days of inpatient care furnished to Medicaid patients. The requirements found in 42 CFR 418.302(f)(1)-(5) will be imposed when implementing the limitations on inpatient care.